

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

CITY OF CAMBRIDGE ELECTION COMMISSION

2009 OCT 26 P 4 39

ile with: City or Town Clerk or Election Commission	ZUUY UCI 20 P 4 5
Fill in dates: Month 4 Date 3 Y	formation, except signatures. Month / Date ; Year
Reporting Period Beginning 01 01 200	99 Ending 10/ 16 / 2009
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding elect	ion □30 day after election □year-end report □dissolution
Patricia M. Nolan Full Name of Candidate (if applicable) School Committee - Cambridge Office Sought and District 184 Huron Ave Cambridge MA Residential Address 617-497-7230 Tel. No. (optional)	Committee to Elect Patty Nolan Committee Name David G. Rabkin Name of Committee Treasurer 184 Huron Ave Cambridge MA Committee Mailing Address 02138 617-497-7230 Tel. No. (optional)
SUMMARY BALA Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions to the contribution to the contributio	(page 2, line 11) \$ 355,00 \$ 2740,69 eriod (page 3, line 14) \$ 2563,31 line 4) \$ 50,00 ities (page 4) \$ 7400.00
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, finance activity, including all contributions, loans, receipts, expenditures, disbur campaign finance activity of all persons acting under the authority or on behalf of Signed under the persons acting un	to the best of my knowledge and belief, a true and complete statement of all campaign sements, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55. nalties of perjury:
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee	:e

Allegavit of Candidate: (cneck i box only)
₩ Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the
campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of periury:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
	See Schedule Attached			
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·		, and the second		
				·
				·
Line 9: T	otal receipts in excess of \$50 (or listed above)			
	otal receipts \$50 and under* (not listed above)			
	OTAL RECEIPTS IN THE PERIOD	7355	60	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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Committee to Elect Pathy Nolan

January 1, 2009 - Oct. 16 2009

SCHEDULE A RECEIPTS

10/15/09 Plus	9/29/09 Date First Name 0/5/09 Harvey 9/29/09 Timothy 9/25/09 Timothy 9/25/09 Donna 9/25/09 Donna 9/25/09 Donna 9/25/09 Donna 9/25/09 Elizabeth 10/7/09 Ethel 9/25/09 Adrienne 9/26/09 Adrienne 9/26/09 Adrienne 9/26/09 Mitch 10/1/09 MaryAnn 9/35/09 Alan 10/1/109 Elleen 10/1/109 Mitchelle	
Total receipts in excess of \$50 (listed above) Total receipts \$50 and under (not listed above) Total receipts in period Total receipts in period	Bass 23 Norris St. Baumann 19 Bay Street Address Brunetta 29 Roberts Rd. Cutler 77 Franklin Street 3rd Flooi Boston Edmondson 23 Woodbridge St. Erikson 176 Hancock St. Hall 23 Norris St. Harmer Dioi 4 Hancock Park Herron 6 Maple Ave Kelley 6 Saint Gerard Terrace Cambriden 247 W. 12th St., PH A McNerney 23 Garfield St. Plenk 21 Berkeley St Rabkin 124 Canton Avenue Rabkin 124 Canton Avenue Rabkin 37 Spring Mill Lane Scannell 107 Washington Ave Scannell 107 Washington Ave Schroder 115 Bishops Forest Drive Span 32 Gray St. Sprengneth 31 Chilton St Cambridation St	
\$50 (listed above) er (not listed above) メルメαト	City Cambridge MA Charlestown MA Cherry Hill NJ Newton MA Chambridge MA Cambridge MA	
4,625.00 730.00 5,355.00 A,CW.CC	Zip Code Amount 02140 25 02139 10 02138-3226 10 02110 10 02140 25 02139 10 02139 10 02139 10 02139 10 02138 10 02138 10 02186 50 02187 50 02188 50 02189 20 02138 11 02138 11 02138 11 02138 11 02138 11 02138 11 02138 11 02138 11	
4,625.00 730.00 5,355.00 ACW.CO	250 Engineer 100 100 100 75 100 100 75 100 250 Homemaker 100 500 Researcher 100 500 Retired hospital administrator 500 Retired social worker 250 Banker 250 Banker 200 Lawyer 100 100 500 Software engineer 100 100 500 Software engineer	

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SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	ount
-			ja		
	See Schedule	Attached			
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			Expenditures over \$50		
			Expenditures \$50 and under*	***	
1	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	2563	31

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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Committee to Elect Pathy Nolan

SCHEDULE B Expenses

	Date To whom paid 9/15/09 Daniel Kamman 9/5/09 Connolly Printing $G/I_{1}/6^{c_{1}}$ Vistaprint $G/I_{2}/G_{1}$ USPS $G/I_{2}/G_{1}$ Harvard Student Agencies $G/I_{2}/G_{1}$ JMBT Various S Wainwright Bank $G/I_{1}/6^{c_{1}}$ SignRocket
	Address 123 Sawyer St. # 5, New Bedford, MA 02746 300 Salem St. Woburn MA 17 Fletcher Ave. Lexington MA Harvard Square, Cambridge 02138 Harvard Univ. Cambridge 02138 400 Harvard ST, Cambridge 02138 Alewife Brook Parkway Cambridge 02140 Minneapolis, MN
Expenditures over \$50 Other expenditures under \$50 Total Expenditures	Purpose of expenditure website printing printing stamps labor space rental bank charges Jan-Sept signs
\$2,501.31 \$ 62.00 \$2,563.31	Amount \$ 150.00 \$ 923.63 \$ 295.00 \$ 132.00 \$ 120.00 \$ 200.00 \$ 85.68 \$ 595.00

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/25/69	Milliant Cutler	17 Vitacyand St Camb. 02138	Wine	\$50
			-	<u> </u>
		Line 15	In-kind over \$50	·
			In-kind \$50 and under	450
	Enter on page 1, line 6	Line 17:	Total In-kind	\$50

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Prior	Self	184 Huron Ave Cambridge TMA 02138	Loan to Campaign	5,400
10/16/09		110	,, J	2,000
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	7,400

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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